

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	11/4
O.I.P.E. CLASSIFIER	92	45	11/8
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		12/7/10	71435

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Not Selected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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